

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08960

08952

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, file the original in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)				First	Middle	Last	2a. DATE OF DEATH	2b. HOUR			
				Melba	Waters	W. Brown	Month 6-26- Day 1969 Year	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS HOURS MIN		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday) 60 YRS.					
F		NEGRO		10/19/1908		60 YRS.					
7a. BIRTHPLACE (State or foreign country) Md		7b. CITIZEN OF WHAT COUNTRY? U.S.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCrindly Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) LABORER		12b. KIND OF BUSINESS OR INDUSTRY SeaFood					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER Somerset Cove Apts.			
14. FATHER'S NAME First H. Middle Waters		15. MOTHER'S MAIDEN NAME First Mary Middle Brown									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, name known? No		16b. SOCIAL SECURITY NO. 212-16-1133		17. INFORMANT Mary Drummond		Address					
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) Cerebral Thrombosis											
DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) malignant Hypertension											
DUE TO, OR AS A CONSEQUENCE OF											
(c)											
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 month											
20 yrs											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
MEDICAL CERTIFICATION		19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
						YES <input type="checkbox"/> NO <input type="checkbox"/>					
		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
		21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
		22a. I certify that (I) (this hospital) attended the deceased from 5/26, 1969, to 6/26, 1969, that (I) (we) last saw the deceased alive on 6/26, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <i>before death</i>									
		22b. SIGNATURE <i>Sarah M. Peyton</i>		DEGREE ATTENDING PHYS.		<input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS.		22c. DATE SIGNED 6/27/69			
22d. PHYSICIAN'S NAME (Type) SARAH M. PEYTON		22e. ADDRESS 33 W. Main - Crisfield, Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/69		23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cem.		23d. LOCATION (City or Town) Crisfield		(County) Maryland	(State)		
24. FUNERAL DIRECTOR <i>Hulbert E. Ward Crisfield Md.</i>		ADDRESS		25a. JUL BY REGISTRAR JUL 2 1969		25b. REGISTRAR'S SIGNATURE					
				DATE							

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08961

Item 23 Film 414 7/1/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

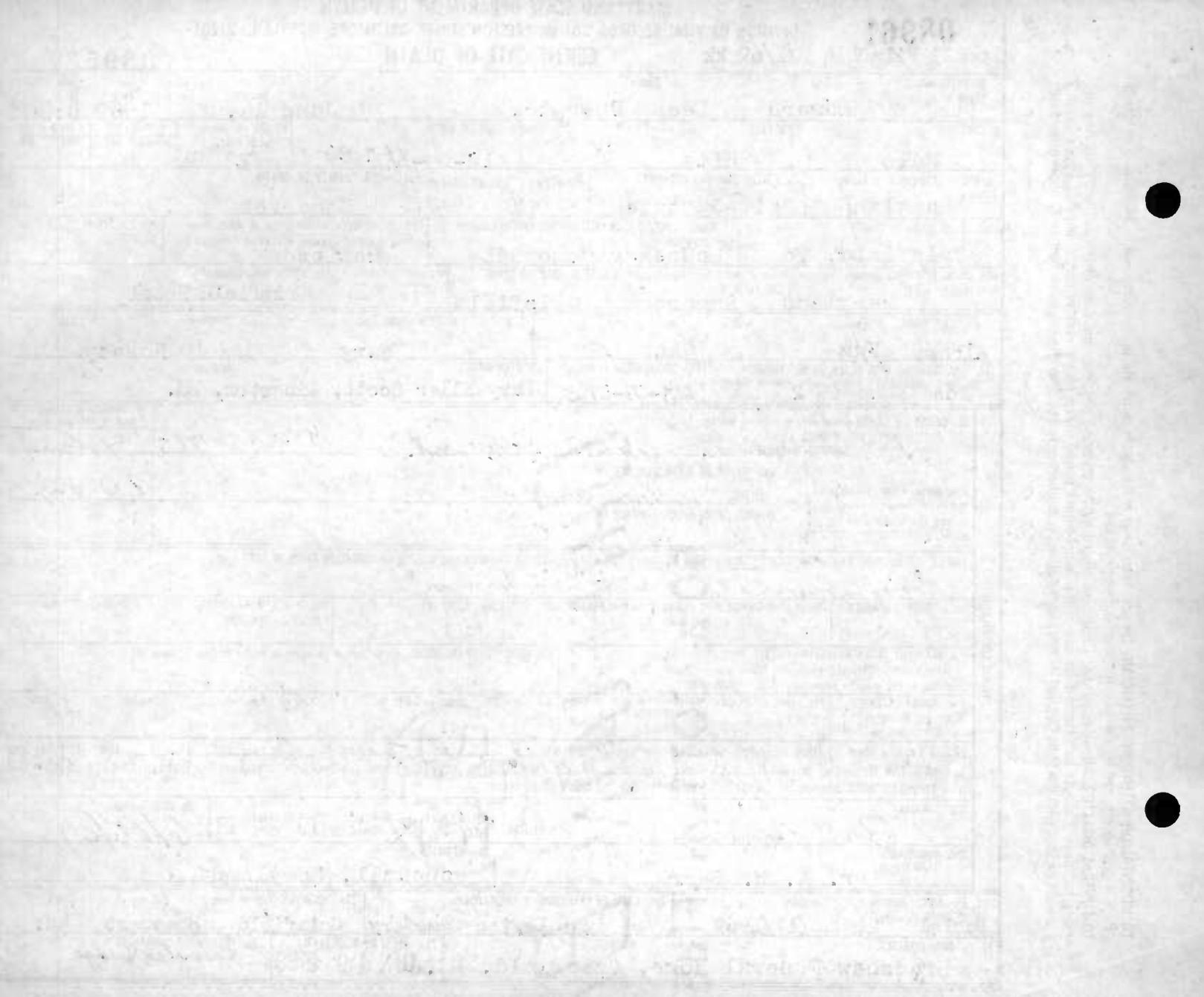
## CERTIFICATE OF DEATH

08953

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.  
 Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Edward	Middle Lee	Last Charnick	2a. DATE OF DEATH Month June Year 1969	2b. HOUR P 8:40
3. SEX Male	4. RACE White	S. DATE OF BIRTH 10-01-87 1896	6. AGE (in years lost birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Somerset		
10. CITY OR TOWN OF DEATH Crisfield, Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCrady Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired	12b. KIND OF BUSINESS OR INDUSTRY Crisfield Hotel		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Crisfield Hotel	
14. FATHER'S NAME Alonzo Wynn	First Middle Charnick	15. MOTHER'S MAIDEN NAME Mary	Middle Horsey	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes	16b. SOCIAL SECURITY NO. WW 2	17. INFORMANT Mary Ellen Scott, Kingston, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>PART I. DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <i>Anita Myocarditis</i> APPROXIMATE INTERVAL DUE TO, OR AS A CONSEQUENCE OF <i>4 days</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Paroxysm</i> 10 days (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) <i>Emphysema, onset unknown.</i>					
19a. MEDICAL CERTIFICATION DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>June 9, 1969</i> , to <i>June 14, 1969</i> , that (I) (we) lost saw the deceased alive on <i>June 14, 1969</i> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>A. N. Barr</i>	DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>6/12/69</i>	
22d. PHYSICIAN'S NAME (Type) Dr. A. N. Barr	22e. ADDRESS Hopewell, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/17/1969	23c. NAME OF CEMETERY OR CREMATORIAL American Legion Cemetery	23d. LOCATION (City or Town) Crisfield	(County) Somerset	(State) Md.
24. FUNERAL DIRECTOR Bradshaw Funeral Home, Crisfield, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE JUN 19 1969	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil ~~in Part~~ 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal; and in any event, within 72 hours of death.

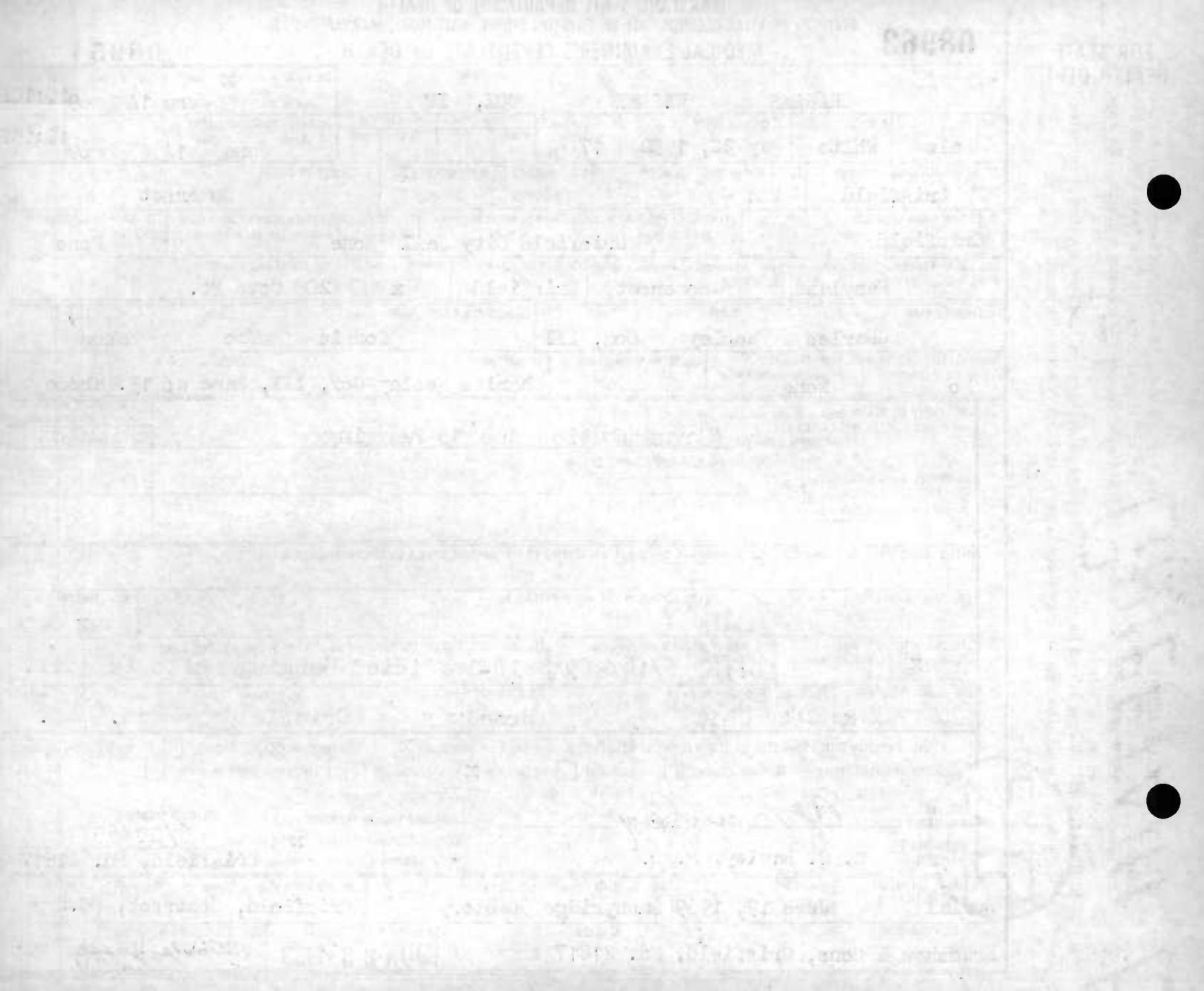
08962

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08954

1. DECEASED-NAME (Type or Print)	First	Middle	Lost	20. DATE KNOWN <input checked="" type="checkbox"/> Month Day Year OF ESTI- DEATH MATED <input type="checkbox"/> June 14 1969	2b. HOUR 0:10P
CHARLES WESLEY COX, IV					
3. SEX Male	4. RACE White	S. DATE OF BIRTH May 30, 1952	6. AGE (in years last birthday) 17 yrs	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD Month Day Year June 14 1969
7. BIRTHPLACE (State or foreign country) Crisfield		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
9. COUNTY OF DEATH Somerset					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Crisfield City Jail		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) None	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. CITY OR TOWN Somerset		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 208 Cove St.
14. FATHER'S NAME Charles Wesley Cox, III		15. MOTHER'S MAIDEN NAME Connie Fae Mason			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None		17. INFORMANT Charles Wesley Cox, III, Same as 13. abcde	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation due to hanging</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes  953 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR AM PM 6/14/1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) Self-inflicted hanging while in jail.		
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) City Jail	21f. LOCATION Street or R.F.D. No. Broadway	City or Town Crisfield	County Som. Md. State
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE C. G. Rawley		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Crisfield, Md. 21817			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 19, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817		ADDRESS		25a. REC'D BY REGISTRAR JUN 23 1969	25b. REGISTRAR'S SIGNATURE Charles Judge



FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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08963

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08955

1. DECEASED-NAME (Type or Print)			First	Middle	Last	2o. DATE KNOWN <input checked="" type="checkbox"/> Month Day Year DEATH ESTI- MATED <input type="checkbox"/> June 20 1969 4 P.M.	2b. HOUR P.M.
			ROBERT	FULTON	ELLIOTT		
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday) 25 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS		2c. DATE PRONOUNCED DEAD Month June Day 22 Year 1969 10:30
Male	White	May 22, 1944					2d. HOUR A.M.
7o. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset	
Maryland		USA					
10. CITY OR TOWN OF DEATH RFD Marion			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Big Annessex River			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Boat Building	
						12b. KIND OF BUSINESS OR INDUSTRY Boat	
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13c. CITY OR TOWN Marion		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER RFD #1
13b. COUNTY Somerset							
14. FATHER'S NAME First Grover A. B.			Middle	Last	15. MOTHER'S MAIDEN NAME First Elliot	Middle	Last Catherine - Lewis
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16b. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs. Catherine Elliott, Same as 13. abcde		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning APPROXIMATE INTERVAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Minutes							
910.9 (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
19o. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21o. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR <input checked="" type="checkbox"/> 4 P.M. 6/20/1969		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Accidental drowning		
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Big Annessex River		21f. LOCATION Street or R.F.D. No. RFD	City or Town Marion	County Som. Md.
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <u>C. G. Rawley</u> EXAMINER'S NAME (Type) C. G. Rawley, M. D.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 24, 1969		23c. NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery		23d. LOCATION (City or Town) (County) (State) Marion, Somerset, Md.	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817		ADDRESS		25a. REC'D BY REGISTRAR JUN 26 1969		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

EX-20

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08956

1. DECEASED-NAME (Type or print)		First <b>Augustus</b>	Middle <b>Forbush</b>	Last	2a. DATE OF DEATH Month <b>June</b>	Day <b>12</b>	Year <b>1969</b>	2b. HOUR <b>A 6:55</b>			
3. SEX		4. RACE <b>White</b>		S. DATE OF BIRTH <b>3-20-1892</b>	6. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR MONTHS <b>0</b>	IF UNDER 24 HRS. DAYS <b>0</b>	HOURS <b>0</b>	MIN. <b>0</b>		
7a. BIRTHPLACE (State or foreign country) <b>Virginia</b>		7b. CITIZEN OF WHAT COUNTRY? <b>United States</b>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Somerset</b>						
10. CITY OR TOWN OF DEATH <b>Crisfield,</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>McCready Mem.</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Waterman</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>seafood</b>					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>		13b. COUNTY <b>Somerset</b>		13c. CITY OR TOWN <b>Crisfield</b>	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER <b>Hall Highway</b>					
14. FATHER'S NAME First <b>Augustus</b>		Middle <b>Forbush</b>	Last	15. MOTHER'S MAIDEN NAME First <b>Susan Sherman</b>	Middle	Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16b. SOCIAL SECURITY NO. <b>214-32-6988</b>		17. INFORMANT <b>Ieland Forbush, Crisfield, Md.</b>	Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> 4109		DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) this hospital attended the deceased from saw the deceased alive on <b>6-11</b> 19 <b>67</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <b>James A. Sterling MD</b>		ATTENDING DEGREE PHYS.		MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED <b>6-13-69</b>			
22d. PHYSICIAN'S NAME (Type) <b>James A. Sterling, MD.</b>		22e. ADDRESS <b>Main St., Crisfield, Md. 21817</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 15, 1969</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>CRISFIELD CEMETERY</b>		23d. LOCATION (City or Town) <b>CRISFIELD - SOMERSET - MD.</b>		(County)		(State)	
24. FUNERAL DIRECTOR <b>BRADSHAW &amp; SONS - CRISFIELD, Md.</b>		ADDRESS		25a. REC'D BY REGISTRAR <b>JUN 19 1969</b>		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3409

28

*Alouatta seniculus*

X

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08957

1. DECEASED NAME (Type or print)		First <i>John</i>	Middle <i>W.</i>	Last <i>HORNER</i>	2a. DATE OF DEATH Month <i>6</i>	Day <i>4</i>	Year <i>69</i>	2b. HOUR <i>12:59</i>				
3. SEX <i>M.</i>		4. RACE <i>WHITE</i>		S. DATE OF BIRTH <i>4-13-1892</i>	6. AGE (In years last birthday) <i>77 yrs.</i>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.			
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U. States</i>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>SOMERSET</i>							
10. CITY OR TOWN OF DEATH <i>CRISFIELD</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>McCreadie</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Crisfield</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Crifield, Md.</i>						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>		13b. CITY OR TOWN <i>SOMERSET</i>		13c. CITY OR TOWN <i>CRISFIELD</i>	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <i>7 Burton Ave.,</i>					
14. FATHER'S NAME <i>Wesley</i>		First <i>Horner</i>	Middle <i></i>	Last <i></i>	15. MOTHER'S MAIDEN NAME First <i>Carrie</i>		Middle <i></i>	Last <i>Dixie</i>				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>		16b. SOCIAL SECURITY NO. <i>578-07-2864</i>		17. INFORMANT <i>ALDINE SEARS</i>		Address <i>Baptist</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Orthostatic Pneumonia</i>		DUE TO, OR AS A CONSEQUENCE OF (b) <i>Pulmonary Edema</i>		DUE TO, OR AS A CONSEQUENCE OF (c) <i>congestive Heart Failure</i>						4 days		
4270 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i></i>										2 years		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I <i>Anemia cause not determined</i>												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)								
21d. INJURY OCCURRED While Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from <i>5-31</i> , 19 <i>69</i> , to <i>6-4</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>6-4</i> , 19 <i>69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>James A. Sterling</i>		DEGREE ATTENDING PHYS.		22c. DATE SIGNED <i>6-6-69</i>		MED. DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>				
22d. PHYSICIAN'S NAME (Type) <i>James A. Sterling</i>		22e. ADDRESS <i>Main St., Crisfield, Md.</i>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 7, 1969</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Sunnyridge Cemetery</i>		23d. LOCATION (City or Town) <i>Crisfield, Somerset, Md.</i>		(County)		(State)		
24. FUNERAL DIRECTOR <i>Bradshaw &amp; Sons, Crisfield, Md. 21817</i>		ADDRESS		25a. REC'D BY REGISTRAR <i>JUN 9 1969</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

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~~1932 SHARP WEST-80~~

**MARYLAND STATE DEPARTMENT OF HEALTH**  
**DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201**

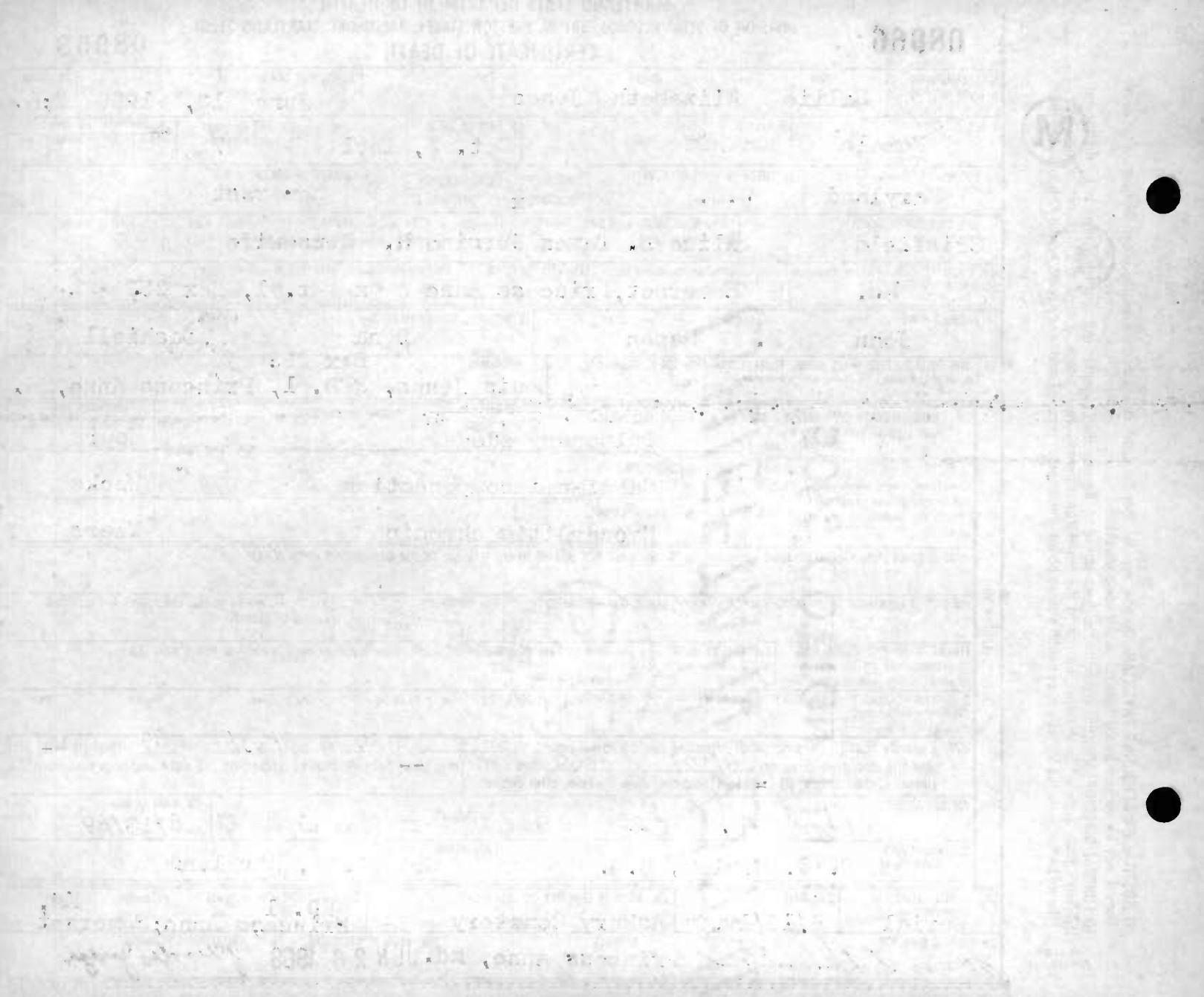
**CERTIFICATE OF DEATH**

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of their death.

VR A15 (A)  
30M REV. 1/68

1. DECEASED-NAME (Type or print)			First	Middle	Last	20. DATE OF DEATH	2b. HOUR			
Sallie Elizabeth Jones						June 13, 1969	Month	Day	Year	
3. SEX		4. RACE	5. DATE OF BIRTH			6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
Female		White	Oct. 3, 1881			87	MONTHS	MONTHS	HOURS	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED			9. COUNTY OF DEATH			Md.	
Maryland		U.S.	NEVER MARRIED	WIDOWED	DIVORCED	Somerset				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most recent year if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
Crisfield		Alice B. Tawes Nursing			H. Housewife					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER				
Md.		Somerset	Princess Anne		YES	NO	Rt. #1, Box 253			
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last	
John		P.	Mason		Dona			Dashiell		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		Box 253		Address		
(If yes give war or dates of service)				Louis Jones, RFD. #1, Princess Anne, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										
PART I. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) Pulmonary edema										
DUE TO, OR AS A CONSEQUENCE OF										
Cardiac decompensation										
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)										
DUE TO, OR AS A CONSEQUENCE OF										
Myocarditis chronic										
Approximate Interval Between Onset and Death										
Hours										
Weeks										
Years										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
			HOUR A.M. Month Day Year P.M. 19							
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION	Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from April 1969, to 6/13/1969, that (I) (we) last saw the deceased alive on 6/12/1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE		<i>C. G. Rawley</i>			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)		C. G. Rawley, M.D.			22e. ADDRESS		6/13/69			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)		(County)	
Burial		6/15/1969		Asbury Cemetery			RFD. #1 Princess Anne		Somerset	
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D. BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
<i>James L. Klemm</i>		Princess Anne, Md.			DATE JUN 26 1969		<i>Charles George</i>			



MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE  
HEALTH DERT.

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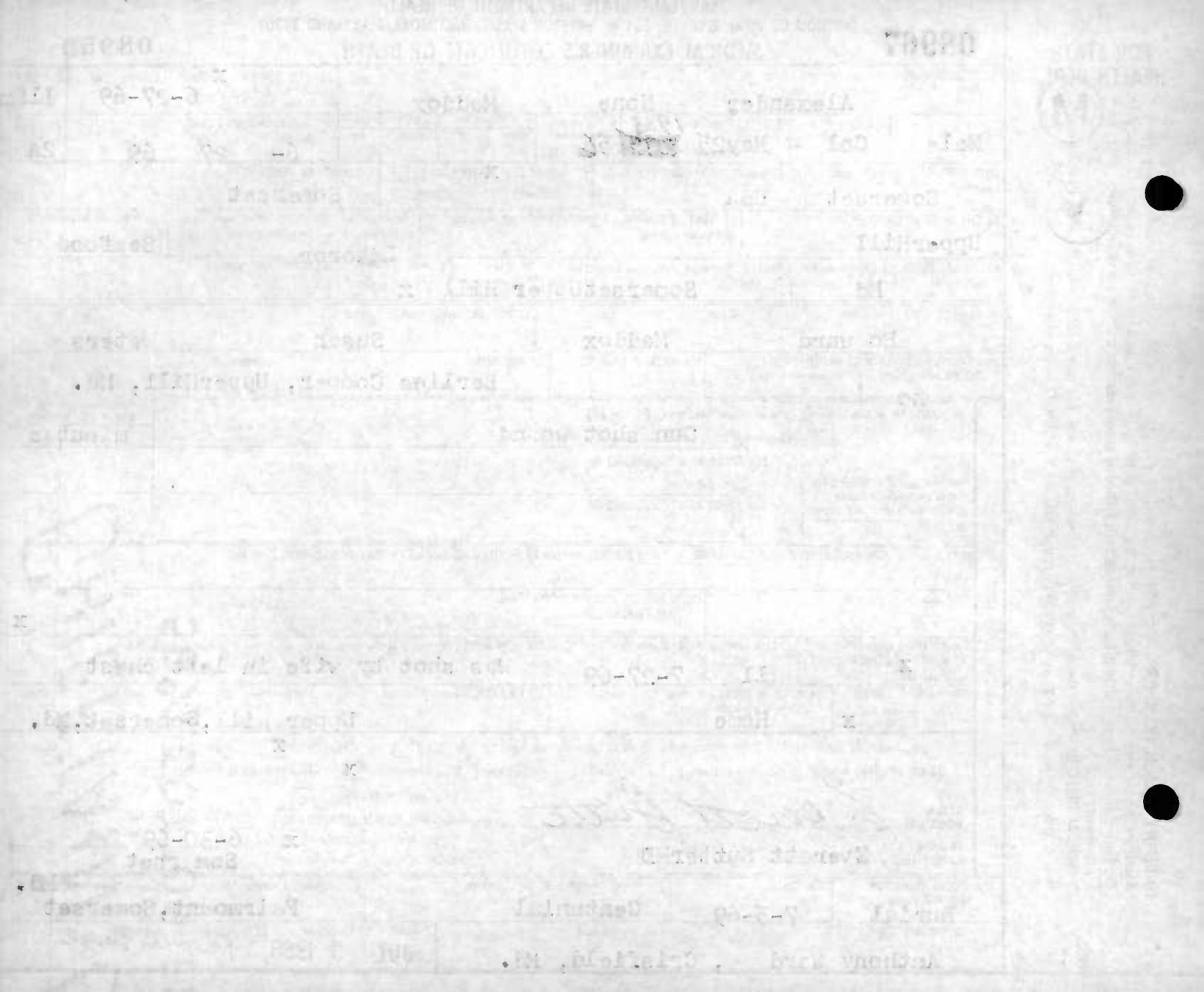
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN OF ESTI. DEATH MATED	Month	Day	Year	2b. HOUR	
		Alexander	None	Maddox	<input checked="" type="checkbox"/>	6	27	69	11PM	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year			2d. HOUR		
Male	Col	May 25	1913 58 yrs.		6	27	69 19	2A M		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Somerset		USA				Somerset				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
UpperHill					Laborer			Seafood		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER				
Md		Somerset		Upper Hill	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
		Ho	ward	Maddox	Susan			Waters		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT			ADDRESS		
(If yes give war or dates of service)					Berline Cooper, UpperHill, Md.					
no								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			Gun shot wound					minutes		
IMMEDIATE CAUSE (a)										
965 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. {			DUE TO, OR AS A CONSEQUENCE OF (b)							
			DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?					
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. 11 P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
		7-27-69		Was shot by wife in left chest						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.			City or Town	County	State	
		Home					Upper Hill, Somerset, Md.			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input checked="" type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE		<i>Everett Sutter</i>			M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>	22b. DATE SIGNED	
EXAMINER'S NAME (Type)		Everett Sutter MD						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	6-30-69	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Somerset										
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)	(County)	(State)	
Burial		7-5-69		Centnnial			Fairmount	Somerset	Md.	
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE		
		Anthony Ward, Crisfield, Md.			DATE JUL 3 1969			<i>Charles Judge</i>		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2, and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 13 (4)  
30M REV. 1/68

1. DECEASED-NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR M.		
<i>William</i>				<i>Monroe</i>	6 17 69			
3. SEX	<i>M</i>	4. RACE	<i>Negro</i>	S. DATE OF BIRTH	5/31/1894	6. AGE (In years lost birthday) 75 yrs.		
7a. BIRTHPLACE (State or foreign country)	<i>Md.</i>	7b. CITIZEN OF WHAT COUNTRY?	<i>U.S.</i>	8. MARRIED WIDOWED	<input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	9. COUNTY OF DEATH <i>Somerset</i>		
10. CITY OR TOWN OF DEATH	<i>Manskin</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			AT Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Laborer</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	<i>Md.</i>	13b. COUNTY	<i>Somerset</i>	13c. CITY OR TOWN	<i>Manskin</i>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Lost	
<i>Charles</i>		<i>Monroe Sr.</i>		<i>Milky Johnson</i>				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)	(if yes give war or dates of service)		16b. SOCIAL SECURITY NO.	17. INFORMANT	Address			
<i>No</i>			<i>212-12-0143</i>	<i>Rosebud Harris</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (o) <i>Chronic myocorditis</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>428 X</i> <i>6 years</i>								
DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.								
(b)								
DUE TO, OR AS A CONSEQUENCE OF								
(c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. <input type="checkbox"/> P.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.		City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from <i>Oct 15th, 1955</i> , to <i>June 7, 1959</i> , that (I) (we) last saw the deceased alive on <i>June 7, 1959</i> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <i>Eldon G. Markman</i> DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> DATE SIGNED								
22d. PHYSICIAN'S NAME (Type) <i>Eldon G. Markman</i> ADDRESS <i>Princess Anne Md.</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City or Town) (County) (State)				
<i>Burial</i>	<i>6/31/69</i>	<i>Centennial</i>		<i>Fairmount</i> <i>Md.</i>				
24. FUNERAL DIRECTOR	ADDRESS		25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE				
<i>Anthony E. Ward Casketland Md.</i>			<i>JUN 24 1969</i>	<i>Charles Judge</i>				

20080

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08969

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08961

1. DECEASED NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN OF ESTI- DEATH MATED	Month	Day	Year	12 HOURS P.M.	
JOHN PARKER				<input checked="" type="checkbox"/> June 29 1969					
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month Day Year	
Male	Negro	3/21/1894	75 YRS					12 HOURS P.M.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH				Somerset	
Virginia USA									
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY
Crisfield	DOA McCready Memo. Hosp.				Laborer				Seafood
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
Md.	Somerset	Crisfield	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	209 N. 4th Street					
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
John Parker, Sr.				Ada Drummond					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT				N. ADDRESS 4th Street Crisfield, Md.			
	212-16-1098	Blancia Cottman							
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF 185X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Carcinoma, prostate, with metastasis to lung. DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH $\frac{1}{2}$ hr.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20. AUTOPSY?			
						<input type="checkbox"/> YES <input type="checkbox"/> NO			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
		P.M.	19						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		C. G. Rawley, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
						M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
						DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22b. DATE SIGNED July 1, 1969									
ADDRESS (Street, city, town, or county) Crisfield, Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIALy				23d. LOCATION (City or Town)	(County)	(State)	
Burial	7/13/69	Asbury Cemetery				Crisfield	Som.	Md.	
24. FUNERAL DIRECTOR	ADDRESS				25a. REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE			
Anthony E. Ward	Crisfield, Md.				JUL 7 1969	jCharles Judge			

6020

FOR STATE  
HEALTH DEPT.

Any delay is  
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to  
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page  
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of  
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08962

1. DECEASED NAME (Type or Print)	First <b>JULIA</b>	Middle <b>MARGURITE</b>	Lost <b>PAYNE</b>	2d. DATE KNOWN OF ESTI- MATED <input checked="" type="checkbox"/>	Month June	Day 28	Year 1969	2b. HOUR 3 P.M.			
3. SEX <b>Female</b>	4. RACE <b>White</b>	5. DATE OF BIRTH <b>Dec. 2, 1920</b>	6. AGE (in years last birthday) <b>48</b> YRS	IF UNDER 1 YEAR MONTHS <input type="checkbox"/>	IF UNDER 24 HRS. DAYS <input type="checkbox"/>	HOURS <input type="checkbox"/>	MIN. <input type="checkbox"/>	2c. DATE PRONOUNCED DEAD Month June	Day 28	Year 1969	2d. HOUR 3 P.M.
7a. BIRTHPLACE (State or foreign country) <b>Virginia</b>	7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Somerset</b>								
10. CITY OR TOWN OF DEATH <b>Crisfield</b>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>302 Pine St.</b>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Clerk</b>	12b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>	13b. COUNTY <b>Somerset</b>	13c. CITY OR TOWN <b>Crisfield</b>	13d. INSIDE CITY LIMITS? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	13e. STREET AND NUMBER <b>302 Pine St.</b>							
14. FATHER'S NAME First <b>Ross</b>	Middle <b>-</b>	Lost <b>Payne</b>	15. MOTHER'S MAIDEN NAME First <b>Maggie</b>	Middle <b>-</b>	Lost <b>Dise</b>						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16b. SOCIAL SECURITY NO. (If yes give name or dates of service) <b>None</b>	17. INFORMANT <b>Mrs. Maggie Payne, Same as 13. abcde</b>	ADDRESS								
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental drowning</b>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <b>9109</b>											
DUE TO, OR AS A CONSEQUENCE OF (b) <b>Epilepsy</b>						Years					
DUE TO, OR AS A CONSEQUENCE OF (c) _____											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. <b>3 P.M. 6/28/1969</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <b>Accidental drowning</b>						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>Home</b>		21f. LOCATION Street or R.F.D. No. <b>302 Pine St.</b>		City or Town <b>Crisfield</b>	County <b>Som.</b>	State <b>Md.</b>				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>C. G. Rawley</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <b>7/1/69</b>					
EXAMINER'S NAME (Type) <b>C. G. Rawley, M. D.</b>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 1, 1969</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>Sunnyridge Cemetery</b>		23d. LOCATION (City or Town) (County) (State) <b>Crisfield, Somerset, Md.</b>					
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md. 21817</b>		ADDRESS		25a. REC'D BY REGISTRAR <b>JUL 7 1969</b>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

07068

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

08963

1. DECEASED NAME (Type or print)	First <b>Fannie</b>	Middle <b>L.</b>	Last <b>Tilghman</b>	2d. DATE OF DEATH Month <b>6</b>	Day <b>6</b>	Year <b>69</b>	2d. HOUR <b>10:50 P.M.</b>
3. SEX <b>Female</b>	4. RACE <b>Negro</b>	5. DATE OF BIRTH <b>07/20/93</b>			6. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR MONTHS <b>0</b>	IF UNDER 24 HRS. HOURS <b>0</b>
7d. BIRTHPLACE (State or foreign country) <b>Maryland</b>	7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Somerset</b>			
10. CITY OR TOWN OF DEATH <b>Crisfield</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>Alice B. Tawes N.H.</b>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Rural</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>	13b. COUNTY <b>Somerset</b>	13c. CITY OR TOWN <b>Upper Hill</b>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <b>Upper Hill, Md.</b>			
14. FATHER'S NAME First <b>John</b>	Middle <b>Turpin</b>	Last <b>Annie Maddox</b>	15. MOTHER'S MAIDEN NAME First <b>Mary Whitler</b>	Address <b>Upper Hill, Md.</b>			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>							
16b. SOCIAL SECURITY NO. <b>220-01-5216</b>							
17. INFORMANT <b>1978</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Met. carcinoma of liver</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF last. (c)							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>chronic Alcoholism</b>							
19a. MEDICAL CERTIFICATION DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (This hospital) attended the deceased from <b>July 1968</b> , to <b>6-6-1969</b> , that (I) (we) last saw the deceased alive on <b>6-6-1969</b> , and that in my (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <b>James A. Sterling</b>							
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS <b>James A. Sterling</b>			22c. DATE SIGNED <b>6-9-69</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/11/69</b>	23c. NAME OF CEMETERY OR CREMATORIAL <b>St. Andrews</b>	23d. LOCATION (City or Town) (County) (State) <b>Upper Hill</b>				
24. FUNERAL DIRECTOR <b>Anthony E. Ward Crisfield MD</b>	ADDRESS	25a. READ BY REGISTRAR DATE <b>JUN 11 1969</b>	25b. REGISTRAR'S SIGNATURE <b>H. E. Ward</b>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Item 11 Film G414  
7/14/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
**08972** MEDICAL EXAMINER'S CERTIFICATE OF DEATH

**08964**

FOR STATE  
HEALTH DEPT.

Any delay is  
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to  
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page  
5 may be retained for your files.

**TO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of  
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN OF ESTI. DEATH MATED	Month	Day	Year	2b. HOUR
		Willie	A.	Tilghman	<input type="checkbox"/>	6-29	69	?	M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
male	col	5-17-23	46	MONTHS	DAYS	HOURS	MIN.		
7. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED		9. COUNTY OF DEATH			2d. HOUR
Maryland		U.S.A.		<input type="checkbox"/> NEVER MARRIED	<input checked="" type="checkbox"/>	Somerset			8A M
WIDOWED		DIVORCED							
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY	
Princess Anne		128 Hampton Avenue			Chicken Factory			Labor	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Md.		Somerset		<input type="checkbox"/> YES		<input type="checkbox"/> Beckford Ave.			<input type="checkbox"/> NO
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last
Thomas				Lankford	Sarah				Tilghman
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT		ADDRESS			
		214-18-4717		Elvin Christy		Chester Pa.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute Alcoholism**

APPROXIMATE INTERVAL  
BETWEEN ONSET AND DEATH

hours

3039

Conditions, if any, which gave  
rise to immediate cause (a).  
stating the underlying cause  
last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

20. AUTOPSY?

YES  NO

21a. EXTERNAL CAUSE WAS

21b. TIME OF INJURY Month, Day, Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

PRIMARY  OR CONTRIBUTING

HOUR A.M.

CAUSE OF DEATH

P.M.

19

21d. INJURY OCCURRED

21e. PLACE OF INJURY (At home, farm, street,  
factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

WHILE  NOT WHILE

AT WORK

22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion  
death resulted from: Natural causes  Accident , Suicide , Homicide , Undetermined manner

ACTUAL  
SIGNATURE

*Everett Sutter MD*

M.D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED

6-30-69

Somerset

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

7-5-69

23c. NAME OF CEMETERY OR CREMATORIUM

John Wesley

23d. LOCATION (City or Town)

(County)

(State)

Princess Anne, Md.

24. FUNERAL DIRECTOR

William H James Jr, Princess Anne, Md.

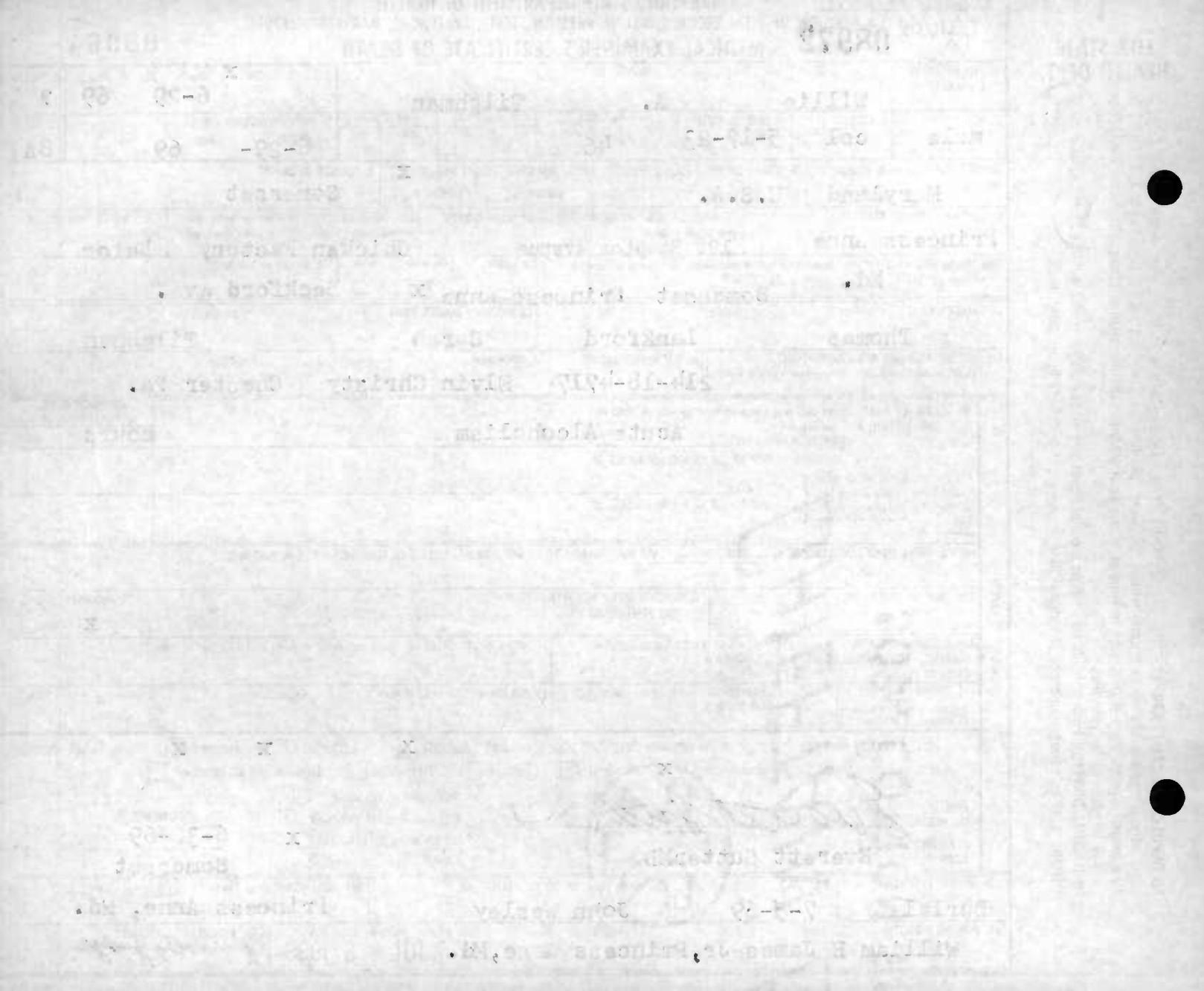
ADDRESS

25a. REC'D BY REGISTRAR

JUL 3 1969

25b. REGISTRAR'S SIGNATURE

*Charles Judge*



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

08973

08965

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**To FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <b>Major</b>	Middle <b>C.</b>	Lost <b>Todd, Jr.</b>	2a. DATE OF DEATH Month <b>June</b>	Doy <b>19</b>	Year <b>1969</b>	2b. HOUR <b>11:06 PM</b>
3. SEX <b>Male</b>	4. RACE <b>White</b>	5. DATE OF BIRTH <b>Oct. 9, 1899</b>		6. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR MONTHS <b>YRS.</b>		IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>	7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Somerset</b>			
10. CITY OR TOWN OF DEATH <b>Crisfield</b>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>McCready Hospital</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Waterman</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Seafood</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>	13b. COUNTY <b>Somerset</b>	13c. CITY OR TOWN <b>Crisfield</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER <b>36 Maryland Ave.</b>			
14. FATHER'S NAME First <b>Major</b>	Middle <b>C.</b>	Lost <b>Todd, Sr.</b>	15. MOTHER'S MAIDEN NAME First <b>Elizabeth</b>	Middle - Lost <b>Webster</b>			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>	16b. SOCIAL SECURITY NO. <b>None</b>	16c. INFORMANT <b>Mrs. Emma Parks Todd, Same as 13. abcde</b>	Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> 400.2 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>malignant Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs -</b> <b>5 yr. +</b>	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>Carcinoma prostate - operation 10 yrs ago</b>							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	19c. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <b>June 19, 1969</b> , to <b>June 19, 1969</b> , that (I) (we) last saw the deceased alive on <b>June 19, 1969</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) did (did not) view the body after death.							
22b. SIGNATURE <b>Sarah M. Peyton</b>	22c. DEGREE <b>B.S. DEGREE</b>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <b>6/21/69</b>		
22d. PHYSICIAN'S NAME (Type) <b>SARAH M. PEYTON</b>	22e. ADDRESS <b>Crisfield, Md.</b>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 22, 1969</b>	23c. NAME OF CEMETERY OR CREMATORIUM <b>Sunnyridge Cemetery</b>	23d. LOCATION (City or Town) <b>Crisfield, Somerset, Md.</b>	(County)	(State)		
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md. 21817</b>	ADDRESS	25a. REC'D BY REGISTRAR <b>JUN 26 1969</b>	25b. REGISTRAR'S SIGNATURE <b>Charles J. Judge</b>				

5000